

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political FinanceCITY CLERK'S OFFICE
CITY OF MARLBOROUGH

(Candidate's signature)

of Massachusetts	File With: City orl Town Derk of Election Commission				
Fill in Reporting Period dates: Beginning Date:	///5 Ending Date: 9//8//5				
Type of Report: (Check one) 8th day preceding preliminary					
COUNCILOR AT LARGE	Committee Name				
Office Sought and District	Name of Committee Treasurer				
232 PHELPS STREET					
Residential Address	Committee Mailing Address				
Telephone Number (optional): 774-364-2663	Telephone Number (optional):				
SUMMARY BALANCI	E INFORMATION:				
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11)	\$600.00				
Line 3: Subtotal (line 1 plus line 2)	\$600,00				
Line 4: Total expenditures this period (page 5, line 14)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used:					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:(Treasurer's signature) Date:					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Andidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the					
campaign finance activity of all persons acting under the authority or on behalf of this committee in second dance with the requirements of M.G.L. c. 55.					

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer	
		<u>'</u>	(for contributions of \$200 or more)	
9/10/15	JAMES JUMONVILLE 232 PHELPS ST MARLBOROUGH	\$600	BOHLERSTEEL CO. AUBURN, MA. 39 SWORD	
Line 9: Total Receipts over \$50 (or listed above)				
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	\$600	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/10/15	516N-0-RAMA	RT. 26 MARUBOROUGH	STICKERS FOR SIGNS	\$200
9/10/15	(alphabetical listing) SIGN-0-RAMA US POST OFFICE	MARLBOROUGH MA.	STAMPS	3400
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include any those expenditure in the period.				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.